**Bobbi Meeler Sahm Service and Outreach Project/Program:**

Project / Program Title: __________________________________________

UGA School / College / Organization Name: ____________________________

Athens Clarke County Organization Name: ____________________________

**UGA Contact Information:**

Name: ____________________________  Title: ____________________________

Email: ____________________________  Phone: ____________________________

If UGA faculty/staff, is this request a funding priority supported by the dean or academic unit director?

☐ Yes  ☐ No

List name of approving dean/director: __________________________________________

Attach a letter of support from the UGA unit or department to document planned partnership.

**Athens Clarke County Organization Contact Information:**

Name: ____________________________  Title: ____________________________

Email: ____________________________  Phone: ____________________________

☐ Please Check here if Athens Clarke County Organization is a 501 (c)(3) Tax ID#:

____________________________

Attach a letter of support from the Athens Clarke County Organization to document planned partnership.
Project Summary Statement - Include project description, project goals and objectives, and the community need this project addresses (500 words or less):

Please clarify the target audience served by this project (200 words or less):

What will change or be different because this project was funded? (200 words or less):
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<th>ITEM DESCRIPTION</th>
<th>FUNDS REQUESTED</th>
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TOTAL REQUEST

Please note if other funds are currently directed to this project.

☐ Yes  ☐ No

Clarify funding sources and amount designated for this project:

________________________________________________________________________
________________________________________________________________________

If awarded, the parties agree to supply the Office of the Vice President for Public Service and Outreach with (1) a quote from a participant or individual impacted by the work completed, (2) a photo (high resolution and a signed photo release form) capturing activity of the work; and (3) a 100 word description of program's efforts by December 2, 2024. These materials will be used for publicity purposes.

UGA Applicant Signature: ________________________________

Athens Clarke County Organization Applicant Signature: ________________________________